

2024 Rural and Underserved Clinical Rotations Grant Program Questions and Answers

UPDATED MAY 17, 2024

NOTE: The RFP has been updated with a new estimated project period of September 1, 2024 through August 31, 2026.

Q1. If we are initiating a new clinical site(s), it would not be possible to place students in that site for the fall semester and the earliest we could do so would be spring and summer semesters. Will this be acceptable? Of course our intention would be to continue student placement beyond the grant period.

A1. Yes, this would be acceptable. We understand it will take time to establish your new clinical training site(s) prior to placing students in those sites. Applicants are encouraged to outline these steps in the Work Plan section of their application.

Q2. Would clinical sites that are FQHCs be considered underserved even if they are not physically located in a health professional shortage area?

A2. Clinical sites, including FQHCs, must meet the criteria for “rural community” or “underserved community” outlined in section 2.2 of the RFP.

For the purposes of this grant program, “rural community” means a statutory and home rule charter city or township that is outside the seven-county metropolitan area as defined in section 473.121, subdivision 2.

For the purposes of this grant program, “underserved community” means a Minnesota area or population included in the list of designated primary medical care health professional shortage areas, medically underserved areas, or medically underserved populations maintained and updated by the U.S. Health Resources and Services Administration (HRSA).

To determine whether a proposed training site is in a designated shortage area, visit the HRSA website and use the search tools: [Find Shortage Areas \(hrsa.gov\)](https://www.hrsa.gov/shortage).

Q3. If our institution currently has a different grant from the MDH Office of Rural Health and Primary Care, may we also apply for this one?

A3. Yes, as long as the work proposed for this grant project is distinct from the work conducted under the other grant. If there are potential areas of overlap, the applicant should indicate how they will separate and track the work to make sure it is attributed to the correct funding source.

Q4. How many site visits and financial reconciliations will there be for this grant?

A4. Grantees receiving \$50,000 or more will have one monitoring visit and financial reconciliation per grant period. Grantees receiving \$250,000 or more will have one monitoring visit and financial reconciliation per year throughout the grant period.

Q5. Do you have to spend all the funds during the grant period?

A5. The grant period has been extended to two years in response to feedback from prospective applicants. Grantees are expected to spend all grant funds within the estimated grant period of September 1, 2024 - August 31, 2026. An extension may be requested if the grantee requires additional time to spend down their funds and complete their work plan.

Q6. Is this grant anticipated to be a recurring opportunity in future years?

A6. ORHPC anticipates being able to offer this funding in future years.

Q7. If I have only been in business less than one year, can I still apply for this grant?

A7. Clinical training programs that meet the eligibility criteria in section 1.4 of the RFP are eligible to apply.

Q8. Would a proposal to develop a certificate program be appropriate for this grant?

A8. Proposals may include a development phase but should also include implementation activities, such as enrolling students in the certificate program.

Q9. Is this a new grant opportunity, or has this been offered in the past?

A9. This is a new grant opportunity.

Q10. If clinical rotations for our students are chosen prior to the start date of the grant period, could those rotations still be eligible for grant funding such as stipends and transportation costs?

A10. As stated in RFP section 1.2, the purpose of this grant program is to augment existing clinical training programs to add rural and underserved rotations or clinical training experiences. It is not the intent of this program to provide sustaining funds for existing clinical rotations or training experiences.

The Challenges and Support section of the application asks applicants to discuss challenges they anticipate in implementing programs or sustaining them beyond the grant period. In addition to challenges specific to proposed programs, MDH seeks information about barriers to implementing and sustaining clinical rotations and training experiences in rural and underserved communities in general. This section asks about the types of support that would be helpful to overcome challenges and barriers.

MDH will take this input from applicants into consideration when making decisions in future grant cycles about whether to fund components of ongoing rural and underserved clinical rotations or training experiences.

Q11. How do I verify if my organization has an account in the grants management portal?

A11. If you are not sure whether your organization has an account, or you do not know the login information for your organization's account, please email Health.ORHPC.WorkforceGrants@state.mn.us for assistance.

Q12. Could we develop and implement a program to increase students' awareness of rural health needs and provide stipends or scholarships to students who attend and commit to rural rotations the following year?

A12. The grant period has been extended to two years in response to feedback from prospective applicants. A proposal that includes activities such as increasing students' awareness of rural health needs and providing stipends or scholarships to students who attend and commit to rural rotations would be eligible for this grant program, but should not be the primary focus of the proposal, which should be to expand clinical training opportunities in rural areas. Note that only expenses incurred during the grant period would be eligible for reimbursement.

Q13. Does clinical training include internships where students are employed by organizations and working while also learning, but that are not a requirement of degree programs? Does it have to be an educational requirement progressing toward a degree, or can it be an educational and enrichment activity outside of a degree program?

A13. Clinical training experiences or rotations should be part of a clinical training program. As stated in RFP section 1.2, the purpose of this grant program is to augment clinical training programs to add rural and underserved rotations or clinical training experiences.

Q14. I want to use funds for stipends for students on clinical rotations, but it takes time to place students so I am not confident we could stand this up and place students all within one year.

A14. The grant period has been extended to two years in response to feedback from prospective applicants.

Q15. We would like to focus on clinical rotation expansion to tribal health clinics in Minnesota. Can we partner with tribal health clinics/IHS clinic locations as expansion sites?

A15. Yes, tribal health clinics and IHS clinic locations are eligible training sites if they are located in a rural or underserved community, as defined in RFP section 2.2.

Q16. Who do I list as the Primary Contact/Authorized Organization Representative? Is that the grant facilitator or another person within the organization?

A16. The Authorized Organization Representative (AOR) submits grant applications on behalf of an entity and has the authority to sign grant applications, grant agreements and any other certifications or assurances to fulfill the requirements of the application and granting process. If the entity becomes a grantee, the AOR has full authority to represent the grantee in fulfillment of the terms, conditions, and requirements of the grant agreement. Typically this individual is the organization's president or CEO, but it can be someone else as long as they have signatory authority.

Q17. Are there page limits on the application? Are there any types of limits on each section and if so, what type of limitations are they (word/character)?

A17. The application in the [ORHPC online grants portal](#) provides response fields for each required question. Character limits are displayed under each long-form response field.

Q18. Are indirect costs covered in the amount provided?

A18. Yes. Per RFP section 2.2, indirect expenses are allowed at a grantee's federally negotiated rate or up to 10% of direct costs. See RFP Part 4 for further details.

Q19. We are potentially collaborating with a healthcare system. Does that agreement dollar amount fall under contracted services? This would not be the amount we intend to offer preceptors but a collaboration agreement to create a system to match rural clinics with our students.

A19. Applicants are advised to put costs in whichever budget category seems most appropriate based on the descriptions in the RFP. If an application is selected for funding and budget clarification is needed, ORHPC will reach out at that time.

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To obtain this information in a different format, call: 651-201-3838.